



Application form for Design Clinic Registration for **MSME Unit**  
**APPLICATION FOR DESIGN CLINIC SCHEME FUNDING ASSISTANCE**

(To ensure the easy and correct processing of your application, please ensure that the application form is filled up completely and neatly. Where information is not available or applicable, please indicate accordingly. Please enclose all supporting documents as requested in the form).

Attach your visiting card here

### 1. General

(a) Registered name of MSME Unit: \_\_\_\_\_

(b) Registered as (please tick)

Proprietorship

Partnership

Private Limited

Others (please specify) \_\_\_\_\_

(c) Established since: \_\_\_\_\_

(d) Total Number of Staff in the Unit

Less Than 50

50 to 100

100 to 500

500 and more

### 2. Contact information

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

### 3. Information about the Unit

(a) Industry Type (Textile, Automobile, Pharmaceuticals, etc)

\_\_\_\_\_

(b) Nature of business

Manufacturing

Processing

Service

IT

Trading

Crafts

Others

(c) Total turnover of Unit in last FY: \_\_\_\_\_

(d) Type of products /Services (Please Mention):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(e) If member of any Cluster Representation/ Association/ Group

\_\_\_\_\_

\_\_\_\_\_

(f) Sales & Profits

(i) Sales Turnover & Profit for last 3 years (Please attach a copy of Financial Statements)

(ii) Projected Sales & Profit for next 3 years (excluding current year)

#### 4. Design Clinic Information

(a) Has the MSME been granted any financial support from Design Clinic before? If yes, please list all project references and amount of funding involved. Please also list other Design Clinic applications of the MSME pending approval.

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(b) Has the owner/ partner/ director of the MSME been granted any financial support from Design Clinic in the name of another MSME? If yes, please list all project references.

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(c) Please provide any other supporting information (if any).

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#### 5. Please mention the activities you would be interested to take up for Design Clinic

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|--|---|---------------------------|
| I. Design Awareness Seminar                              | - | 1 Day workshop/seminar    |
| ii. Need Assessment Survey<br>and Design Clinic Workshop | - | 3-4 Days workshop/seminar |
| iii. Design Projects - 3 Months                          | - | 18 months project         |

Date:

Signature:

Authorised Seal